

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000004296

1. Entity Name
FROZEN CUSTARD OF SOUTH FLORIDA, INC.



Principal Place of Business
**12801 W SUNRISE BLVD SPACE 735
SUNRISE, FL 33323 US**

Mailing Address
**26698 SAINT MICHAELS ROAD
EASTON, MD 21601 US**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1918372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DESANTIS, ANTHONY J JR
8701 WINDY CIRCLE
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000931193
05/22/08-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DESANTIS, ANTHONY J JR
8701 WINDY CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RIECK, HARRY H III
26698 SAINT MICHAELS ROAD
EASTON, MD 21601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RIECK, SHARON L
26698 SAINT MICHAELS ROAD
EASTON, MD 21601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DESANTIS, ANNA
8701 WINDY CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L. Rieck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08 *410-822-7254*
Date Daytime Phone #